

**SOUTH DAKOTA DEPARTMENT OF LABOR
UNEMPLOYMENT INSURANCE DIVISION
P.O. BOX 4730
ABERDEEN, SOUTH DAKOTA 57402-4730**

APPEAL OF AND REQUEST FOR HEARING ON DETERMINATION
OR REQUEST FOR WAIVER OF OVERPAYMENT

Claimant's Name _____ Date of Determination _____

Social Security No. _____ *The claimant's Social Security Number must
be shown on this form or the appeal cannot
be processed.

CHECK X ITEMS THAT APPLY TO THIS REQUEST.

- ☐ I hereby appeal from a determination of the Benefit Section and request a hearing for the following reasons: (State the specific part or parts of the determination to which you object and your reasons for objection.)
- ☐ I hereby request a hearing for consideration of the right to waive the recovery of the overpayment. (State reasons why the right to recover the overpayment should be waived.) An overpayment may be waived, provided the overpayment was without fault of the claimant and where the claimant's gross income for the preceding 12 months does not exceed a set standard. The claimant's family income would include readily convertible assets of the claimant and his/her spouse.

Date _____ Signed _____

By _____

Address _____

PLEASE READ: Determinations are subject to appeal by any dissatisfied interested party including claimants and former employers. The Unemployment Insurance Law provides that appeals cannot be accepted unless made within 15 days following the date the determination is mailed. If you wish to appeal and/or request consideration of the right to waive recovery of the overpayment, complete this form and return it to: Appeals Section, Unemployment Insurance Division, Box 4730, Aberdeen, South Dakota 57402-4730.